

IAP20 Res'd PCT/PTO 07 FEB 2006

Application Data Sheet**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: LAMP WITH SINGLE-SIDED SOCKET  
Attorney Docket Number:: 03P11857  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JOACHIM  
Middle Name::  
Family Name:: ARNDT  
City of Residence:: BRIESELANG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: BIRKENALLEE 29

City of Mailing Address:: BRIESELANG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 14656

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: UWE  
Middle Name::  
Family Name:: FIDLER  
City of Residence:: BERLIN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: WALDENSERSTR. 32

City of Mailing Address:: BERLIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 10551

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JÜRGEN  
Middle Name::  
Family Name:: GRÄF  
City of Residence:: AUGSBURG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: ELMAUERWEG 11A

City of Mailing Address:: AUGSBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 86163

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: MARKUS  
Middle Name::  
Family Name:: HERB  
City of Residence:: GÜNZBURG  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: BLUMENSTR. 10

City of Mailing Address:: GÜNZBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 89312

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY

Status:: Full Capacity  
Given Name:: ANTON  
Middle Name::  
Family Name:: SCHLÖGL  
City of Residence:: BIBERBACH  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: VON PAPPENHEIM-STR. 4

City of Mailing Address:: BIBERBACH  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 86485

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JÜRGEN  
Middle Name::  
Family Name:: WALDMANN  
City of Residence:: BERLIN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: HACKLÄNDERWEG 31A

City of Mailing Address:: BERLIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 14089

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: BERNHARD

Middle Name::

Family Name:: ZÖLLNER

City of Residence:: WESTENDORF

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: AKAZIENRING 14

City of Mailing Address:: WESTENDORF

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 86707

#### **Correspondence Information**

Correspondence Customer Number:: 24,252

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing

Address:: Massachusetts

Address:::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing

Address:: 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

#### **Representative Information**

Representative Customer Number::	24,252
----------------------------------	--------

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2004/001710	7/30/04

--	--	--	--

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	103 36 282.7	8/7/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::